



Supplemental Application Data Sheet

Application Information

Application number:: 10/582,703
Filing Date:: I.A. Filing Date 12/13/2004
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks:: 1
Number of copies of CDs:: n/a
Sequence Submission:: Yes
Computer Readable Form (CRF)?:: Yes
Number of copies of CRF::
Title:: IMMUNOGENIC PEPTIDES OF XAGE-1
Attorney Docket Number:: 015280-485100US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Petition included?:: No
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jay
Middle Name:: A.
Family Name:: Berzofsky
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 5908 Bradley Avenue
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20814-1107

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ira
Middle Name:: H.
Family Name:: Pastan
Name Suffix::
City of Residence:: Potomac
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 11710 Beall Mountain Road
City of Mailing Address:: Potomac
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20854

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Masaki
Middle Name::
Family Name:: Terabe
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 7007 Clarendon Road
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20814

Correspondence Information

Correspondence Customer Number:: 45115

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	30,617	Guy W. Chambers
Associate	35,551	Laurence J. Hyman

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of An Appn claiming benefit under 35 USC 119(e) of	PCT/US2004/0416 39 60/529,025	December 13, 2004 12/12/03

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::	The Government of the United States, As Represented by the Secretary of Health and Human Services
Street of mailing address::	6011 Executive Boulevard, Ste. 325
City of mailing address::	Rockville
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20852-3804